

## GREEN BAY FIRE DEPARTMENT LOCK BOX INSTALLATION REPORT

TYPE: KNOX-BOX ☐  
SUPRA-SAFE ☐

Address: \_\_\_\_\_ IR # \_\_\_\_\_

Common Name: \_\_\_\_\_

Box Location(s): \_\_\_\_\_

\_\_\_\_\_

Contents Installed: \_\_\_\_\_

\_\_\_\_\_

Installed by: \_\_\_\_\_ Witnessed: \_\_\_\_\_  
Fire Co. Officer Business Representative

Date: \_\_\_\_\_

White copy to Fire Prevention - Yellow Copy to County Dispatch - Pink Copy to Business Representative

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